

30 2131

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/016,533
	Filing Date	December 10, 2001
	First Named Inventor	Libenzi, Davide
	Art Unit	2131
	Examiner Name	Unassigned
Total Number of Pages in This Submission	Attorney Docket Number	002.0237.US.UTL

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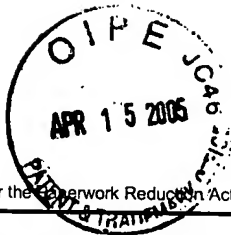
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Law Offices of Patrick J.S. Inouye		
Signature			
Printed name	Patrick J.S. Inouye		
Date	April 13, 2005	Reg. No.	40297

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Signature			
Typed or printed name	Natalia Li-Chapman	Date	April 13, 2005

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/016,533
Filing Date	December 10, 2001
First Named Inventor	Libenzi, Davide
Art Unit	2131
Examiner Name	Unassigned
Attorney Docket Number	002.0237.US.UTL

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☒ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Pursuant to 37 CFR 10.40(b)(4), practitioner has been discharged by the client. Practitioner has taken reasonable steps to avoid foreseeable prejudice to the rights of the client, including giving due notice to the client, allowing time for employment of another practitioner, delivering to the client all papers and property to which the client is entitled, and complying with applicable laws and rules.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☐ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Zilka-Kotab, P.C.				
Address	P.O. Box 721120				
City	San Jose	State	CA	Zip	95172-1120
Country					
Telephone				Fax	
Signature					
Name	Patrick J.S. Inouye	Registration No.	40,297		
Date	April 13, 2005	Telephone No.	206-381-3900		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

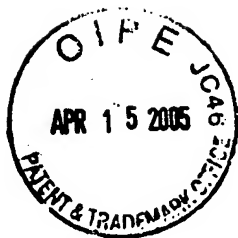
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First Named Inventor: Libenzi, Davide
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Examiner Name: Unassigned
Attorney Docket No.: 002.0237.US.UTL

**ATTACHMENT TO REQUEST FOR WITHDRAWAL AS ATTORNEY OR
AGENT AND CHANGE OF CORRESPONDENCE ADDRESS**

List of Registration Numbers effected by this request:

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